

**C.E. OFFERING APPROVAL APPLICATION**

RE 315 (Rev. 2/06)

<b>GENERAL INFORMATION</b>	<i>For DRE Use Only</i>												
<ul style="list-style-type: none"> <li>✓ This form is for original submittals only.</li> <li>✓ Read RE 300 and RE 312 before completing and submitting this application.</li> <li>✓ Type or print clearly in ink.</li> <li>✓ Complete all information requested.</li> <li>✓ Use CE Offering Renewal Application (RE 314) for renewals.</li> <li>✓ <i>Item #1</i> – Enter the exact name of applicant which will be used on attendance certificates and advertisements/promotional material. The name designated below will be the only one authorized if offering is approved.</li> </ul>	<p>COURSE NAME _____</p> <p>OFFERING TYPE</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CP</td> <td><input type="checkbox"/> E</td> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> CS</td> <td><input type="checkbox"/> RM</td> </tr> <tr> <td><input type="checkbox"/> TF</td> <td><input type="checkbox"/> FH</td> <td><input type="checkbox"/> S-6</td> <td><input type="checkbox"/> S-8</td> <td></td> </tr> </table> <p>PRESENTATION METHOD _____</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">COURSE # _____</td> <td style="width: 20%;">HOURS _____</td> </tr> </table>	<input type="checkbox"/> CP	<input type="checkbox"/> E	<input type="checkbox"/> A	<input type="checkbox"/> CS	<input type="checkbox"/> RM	<input type="checkbox"/> TF	<input type="checkbox"/> FH	<input type="checkbox"/> S-6	<input type="checkbox"/> S-8		COURSE # _____	HOURS _____
<input type="checkbox"/> CP	<input type="checkbox"/> E	<input type="checkbox"/> A	<input type="checkbox"/> CS	<input type="checkbox"/> RM									
<input type="checkbox"/> TF	<input type="checkbox"/> FH	<input type="checkbox"/> S-6	<input type="checkbox"/> S-8										
COURSE # _____	HOURS _____												

**ENTITY**

1. NAME OF APPLICANT REQUESTING APPROVAL. (SEE ABOVE.)												
2. ADDRESS		3. BUSINESS TELEPHONE (w/area code)										
CITY _____	STATE _____	ZIP CODE _____										
4A. NAME LISTED IN #1 IS A/AN:		4B. SOCIAL SECURITY NUMBER OF INDIVIDUAL APPLICANT										
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> FICTITIOUS BUSINESS NAME												
5A. IS APPLICATION FOR A ONE-TIME OFFERING? (REFER TO RE 300 FOR FURTHER INFORMATION.)		5B. DATE OF OFFERING										
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, COMPLETE 5B.												
6. LIST THE NAME OF ANY PERSON ( <i>OTHER THAN THE INDIVIDUAL SIGNING AS SPONSOR/APPLICANT</i> ) WHO IS AUTHORIZED TO ACT FOR YOUR ENTITY. OBTAIN THE SIGNATURE OF EACH PERSON LISTED.  <b>NOTE:</b> SUCH ACTS SHALL BE BINDING UPON THE APPLICANT. PERSONS NAMED IN THIS SECTION <i>CANNOT</i> SIGN THIS FORM AS SPONSOR/APPLICANT; HOWEVER, SUBSEQUENT CORRESPONDENCE AND PHONE CALLS AFFECTING THIS OFFERING WILL BE ACCEPTED UNDER THE NAMES AUTHORIZED BELOW.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Printed Name</th> <th style="text-align: left; padding: 2px;">Signature</th> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Printed Name	Signature										
Printed Name	Signature											
7A. HAVE YOU EVER HAD A REAL ESTATE CONTINUING EDUCATION OFFERING APPROVED BY THE CALIFORNIA DRE?												
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, COMPLETE 7B AND 7C.												
7B. OFFERING TITLE (LAST APPROVED OFFERING)		7C. CERTIFICATE NUMBER (LAST APPROVED OFFERING)										

**SUMMARY OF OFFERING**

8A. OFFERING TITLE (COURSE COMPLETION CERTIFICATE AND ADVERTISING/PROMOTIONAL MATERIALS MUST INCLUDE EXACT TITLE AS SHOWN.)		
8B. IF THIS IS A RE-APPLICATION FOR A PREVIOUSLY APPROVED OFFERING, PLEASE PROVIDE THE FOLLOWING INFORMATION:		
PREVIOUSLY APPROVED OFFERING "APPROVAL NUMBER"		EXPIRATION DATE
9. TYPE OF OFFERING FOR WHICH YOU ARE SUBMITTING THIS APPLICATION. (CHECK ONE)		
<input type="checkbox"/> CONSUMER PROTECTION <input type="checkbox"/> ETHICS <input type="checkbox"/> AGENCY <input type="checkbox"/> CONSUMER SERVICE (PROFESSIONAL COMPETENCE)	<input type="checkbox"/> TRUST FUND ACCOUNTING/HANDLING <input type="checkbox"/> FAIR HOUSING <input type="checkbox"/> COMBINED SIX-HOUR SURVEY COURSE <input type="checkbox"/> COMBINED EIGHT-HOUR SURVEY COURSE <input type="checkbox"/> RISK MANAGEMENT	<b>Note:</b> DRE requires that the <i>offering type designation</i> be included on all certificates awarding Continuing Education Credit.

## SUMMARY OF OFFERING (Continued)

10. METHOD OF PRESENTATION [CHECK APPROPRIATE BOX(ES)]

- |  |   |
|--|---|
| <input type="checkbox"/> CORRESPONDENCE/HOME STUDY | <input type="checkbox"/> CONFERENCE/SYMPOSIUM |
| <input type="checkbox"/> LIVE SEMINAR              | <input type="checkbox"/> VIDEO                |
| <input type="checkbox"/> AUDIO CASSETTE            | <input type="checkbox"/> CD-ROM               |
| <input type="checkbox"/> WORKSHOP                  | <input type="checkbox"/> OTHER:               |

☐ CORRESPONDENCE/INTERNET  
*(check appropriate box below)*

- |   |
|---|
| <input type="checkbox"/> ENTIRE COURSE              |
| <input type="checkbox"/> ENTIRE COURSE & FINAL EXAM |
| <input type="checkbox"/> FINAL EXAM ONLY            |

11. Number of credit hours requested? (*Note:* One hour minimum; no maximum. Must be whole hours.) \_\_\_\_\_

12. a. For live offerings, what is the minimum attendance requirement for each student (i.e., 90% or 100%)? .....

 b. How will attendance be monitored? (*Explain on page 3, if more space is needed.*) ..... ☐ Sign in/sign out sheet  
☐ \_\_\_\_\_
13. a. Will a final exam be administered as part of this offering? ..... ☐ Yes ☐ No

b. If YES, how many questions are on final exam? .....

c. Will exam be administered by open book or closed book? ..... ☐ Open ☐ Closed

d. How much time will be allotted for completion of final exam? .....

14. For offerings requiring a final exam, what is your minimum passing score? .....

15. a. Will any products or services be marketed, solicited, or sold before, during, or after the continuing education offering? ..... ☐ Yes ☐ No

b. If YES, please explain on page 3.

16. a. Will the offering be presented in the English language? ..... ☐ Yes ☐ Nob. Will the offering be presented in any other language? ..... ☐ Yes ☐ No

c. If YES, please state the languages? .....

17. a. Have you ever had a course approval, diploma, certificate, credential, or license denied, revoked or suspended? ..... ☐ Yes ☐ No

b. If YES, please explain on page 3.

18. How and when will the DRE Disclaimer Statement be provided to students?

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19. Explain your procedure to provide the general information page to students *prior* to registration/enrollment.

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20. Explain how and when students will be informed of the availability of the course and instructor evaluation located on the DRE Web site?

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**EXPLANATIONS** (Use the question number to identify your response.)

**SPONSOR / APPLICANT CERTIFICATION**

I consent to inspection or monitoring by authorized representatives of the Department of Real Estate (DRE) as outlined below.

**DRE Inspection/Monitoring Procedures**

The DRE has instituted the following procedures to assist in evaluating the continuing education program:

1. **Direct Mail Evaluation:** Selected sponsors may occasionally be asked to provide lists of individuals who completed the schools recent offering(s). If the evaluation is conducted, the attendees will be sent, by DRE, evaluation questionnaires concerning the quality of the offering(s) and their perceptions of the program(s) attended.
2. **Drop-In Monitoring:** DRE Monitors may attend offerings on a drop-in basis. That is, they will not register and no fees or reimbursements will be involved.
3. **Information Reports:** Sponsors may be asked to supply attendance/exam information from time to time on an individual basis.
4. **Investigative and/or Conformance Monitoring:** Authorized representatives, may on occasion, attend offerings as a regular attendee or enroll in correspondence courses for the purpose of determining if the offerings are being presented under statute, regulation and DRE requirements as approved by DRE. Such individuals will not identify themselves as DRE representatives and will pay the required attendance fee.

If requested, sponsors will be required to complete an annual report on offerings conducted.

The undersigned applicant, acknowledges receipt and understanding of the procedures outlined above which relate to all continuing education offerings approved under the Applicant's sponsorship.

I agree to report any material changes in the information submitted to the DRE at least 30 days prior to proposed use. (Approval by the DRE is required prior to presentation of offering and the nature of any material changes may require that a complete new original application and fee be submitted.) I agree to retain complete records for at least five years (from the date of each offering presentation) for all participants who enroll in subject offering.

I certify under penalty of perjury that I have read and understand the information and requirements contained in this application and attached information sheets, that all statements are true and nothing has been withheld which would influence a

SIGNATURE OF SPONSOR/APPLICANT

DATE



PRINTED NAME OF SPONSOR/APPLICANT

TITLE OF SPONSOR/APPLICANT

**Notice of Appeal Process**

The Department of Real Estate has established time periods for the processing of permit applicants as required by the Permit Reform Act (Government Code Section 15374 et seq.). These time periods are set forth in the regulations of the Department of Real Estate at Regulation 2709, Chapter 6, of Title 10, of the California Code of Regulations. Failure to comply with these time periods may be appealed to the Secretary of the Business, Transportation, and Housing Agency, 980 9th Street, Suite 2450, Sacramento CA 95814-2719, pursuant to the regulations of the Secretary set forth in Chapter 6 (commencing with Section 7600) of Title 21 of the California Code of Regulations. Under certain circumstances, the Secretary may require the Department of Real Estate to reimburse the applicant for the filing fees paid in connection with the application.

**Privacy Notice**

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.

Department of Real Estate  
2201 Broadway  
P.O. Box 187000  
Sacramento, CA 95818-7000  
Managing Deputy Commissioner IV  
Education Section  
Telephone: (916) 227-0894

General powers of the Commissioner, Article 2.5 of Chapter 3 (commencing with Section 10170) and Article 25 of Chapter 6 (commencing with Section 3005) Title 10 California Administrative Code (Regulation of the Real Estate Commissioner) authorizes the maintenance of this information.

If this form requests your social security number, that information is voluntary.

If all or any part of the requested information is not provided, an evaluation of the applicant's qualifications as an instructor of a continuing education offering could not be made.

The information requested in this form is used to evaluate the applicant's qualifications as an instructor of an approved continuing education course offering.

There are no known or foreseeable interagency or intergovernmental transfers of this information.